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RESEARCH

As reações do familiar acompanhante de idosos hospitalizados frente às situações de estresse

The reactions of the family companion of hospitalized elderly facing stressful situations

Las reacciones de la escolta familiar de ancianos hospitalizados frente a las situaciones estresantes

Carla Lube de Pinho Chibante [1] , Fátima Helena do Espírito Santo [2] , Alessandra Cristina de Oliveira Aquino [3]

ABSTRACT

Objectives: Characterizing the accompanying family member of hospitalized elderly; describing the family's reactions companion of hospitalized elderly forward to stressful situations; and discussing the possibilities of intervention of the nurse accompanying the family of the elderly. **Method:** A qualitative, descriptive and exploratory study held in wards of a general hospital with 45 accompanying family members of hospitalized elderly. There were conducted semi-structured interviews and data were submitted to thematic analysis. The study was approved by the ethics committee. **Results:** The main reactions facing stressful situations: changes in eating habits, use of medicines for relaxation and insomnia and mood swings. For coping with stressful situations seek alternative leisure activities and attachment to religious practices. **Conclusion:** The accompanying family member of the elderly should also be the focus of nursing care during the hospitalization process, by supporting strategies and educational programs to preserve their health. **Descriptors:** Geriatric nursing, Family, Senior, Hospitalization.

RESUMO

Objetivos: Caracterizar o familiar acompanhante de idosos hospitalizados; descrever as reações do familiar acompanhante de idosos hospitalizados frente às situações de estresse e discutir as possibilidades de intervenção do enfermeiro ao familiar acompanhante desses idosos. **Método:** Estudo qualitativo, descritivo e exploratório realizado em enfermarias de um hospital geral com 45 familiares acompanhantes de idosos hospitalizados. Foi realizada entrevista semiestruturada e os dados foram submetidos à análise temática. O estudo teve aprovação do comitê de ética. **Resultados:** As principais reações frente às situações de estresse: alterações nos hábitos alimentares, utilização de medicamentos para relaxamento e insônia e mudanças de humor. Para o enfrentamento das situações de estresse buscam atividades alternativas de lazer e apego às práticas religiosas. **Conclusão:** O familiar acompanhante de idosos deve também ser foco de cuidado da enfermagem durante o processo de hospitalização, mediante estratégias de suporte e programas educativos para preservar sua saúde. **Descritores**: Enfermagem geriátrica, Família, Idoso, Hospitalização.

RESUMEN

Objetivos: Caracterizar el miembro de la familia que acompaña ancianos hospitalizados; describir reacciones del familiar de ancianos hospitalizados con interés de la familia a las situaciones de estrés y discutir las posibilidades de intervención de la enfermera que acompaña a la familia de los ancianos. **Método:** Cualitativo, descriptivo y exploratorio celebrado en las salas de un hospital general con 45 miembros de la familia acompañantes de ancianos hospitalizados. Se llevó a cabo entrevistas y datos semi-estructurados que fueron sometidos al análisis temático. El estudio fue aprobado por el comité de ética. **Resultados:** Las reacciones principales de situaciones de estrés delanteros: cambios en los hábitos alimenticios, el uso de medicamentos para la relajación y el insomnio y cambios de humor. Para hacer frente a situaciones de estrés se buscan alternativas de ocio y apego a las prácticas religiosas. **Conclusión:** El miembro de la familia de acompañamiento de las personas mayores debería ser el foco de atención de enfermería durante el proceso de hospitalización, mediante el apoyo a las estrategias y programas educativos para preservar su salud. **Descriptores:** Enfermería geriátrica, Familia, Senior, Hospitalización.

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INTRODUCTION

The phenomenon of population aging has been occurring gradually mainly in developing countries. In Brazil, the increase of life expectancy occurs sharply, and it is estimated that in 2020, will be the sixth country in the world in number of elderly with a higher quota to 30 million people.[1] In this perspective, aging population also translates into higher incidence of disease in the population, with no communicable chronic diseases the most prevalent resulting in a higher search to health services.[2]

The elderly use hospital services more intensively than other age groups, the most frequent hospitalizations involving major institutional costs, longer duration of treatment and slower and complicated recovery.[3] In this context, the process of elderly hospitalization, brings strong impact on the family, because it implies the need for a family member accompany the elderly during the hospitalization process, settling thus the figure of the accompanying family member, which has his stay in the hospital ensured by law.

According to the Law of Family Monitoring Inpatient Hospital, children, people with disabilities, people in situations of dependency and people with incurable diseases in advanced stages and final stage of life, as well as the elderly and pregnant women, have the right to have a family companion in different health facilities.[4]

By assuming the role of companion of the hospitalized elderly, family besides passing to live in a strange environment also need to reorganize all their previous activities, which triggers a series of changes in your routine and also implies the stay for long periods in hospital which generally does not provide adequate conditions of infrastructure and support this family that you see facing the illness of their family and the need to have to adapt to a situation of physical and mental strain.

Other authors corroborate stating that hospitalization of a family member requires the passenger to experience discomfort situations, needing to adapt to a hostile scenario without convenience, having to adjust to the rules and routines of the institution, facing situations of anguish and resignation, conditions which change their habits and routines.[5]

Note that, commonly, this monitoring process in the hospital, the family is confused, misinformed, immersed in doubt and is not always room to externalize their feelings, emotions and expectations regarding the diagnosis and treatment of their hospitalized family. All these factors can contribute to a stress above and anxiety this family companion, further hindering their stay at the facility.

Stress is considered a condition that affects many people, regardless of the life cycle. However in adulthood, family responsibilities, pressures at work are wide, thus providing the manifestation of potentially greater stress.[6]

Stress is defined as a reaction of the body, physical components and/or psychological, caused by psychophysiological changes that occur when the individual is faced with a

situation that, in one way or another, to annoy, frighten, excite or confuse, or even that makes immensely happy.[7] Currently, studies on stress include not only the consequences on the body and the human mind, but also its implications for the quality of life of society as it can affect the health, quality of life and sense of well-being as a whole.[8]

Stress is caused due to the individual's reaction to the presence of stressors on a specific situation. It can be said that the stressor is any stimulus capable of causing the appearance of a set of organic responses and/or behavioral related to physiological changes including the adrenal hyperfunction.[6] Thus, there are a number of stressors, including the environment such as heat, noise, crowd etc. Among which the emotional nature are the most frequent and important that affect humans, causing changes in lifestyle, diseases, problems at work, death, increased responsibilities, among others.

Therefore, the main symptoms of stress are emotional exhaustion, which can manifest in the form of anger or irritability, anxiety, problems of muscle order, as tensions, headaches, and back pain and in the jaws, among others.[6]

In addition to stress, anxiety is an emotional state that affects a large number of individuals and that can be understood as vague and unpleasant feeling of fear, apprehension, characterized by stress or discomfort derived from anticipating danger, something unknown or strange.[9]

10 authors claim that the term anxiety covers feelings of insecurity and apprehensive anticipation, thought content dominated by disaster or personal incompetence, waking or increase alertness, muscle tension causing pain, tremors and restlessness and a variety of appropriate somatic discomforts of hyperactivity autonomic nervous system. Given these factors, stress and anxiety situations are increasingly present in the lives of individuals, in order, the stressors in daily life and society in general.

Thus, considering the responsibilities and the changes imposed on the accompanying family member of the elderly in hospitals, which can be generating a continuous situation of exposure to stressors was decided to conduct this study aims to: identify family companion hospitalized elderly; describe the family's reactions companion of hospitalized elderly forward to stressful situations and discuss the nurse's intervention potential to this family.

METHOD

This is a qualitative study of descriptive and exploratory held in medical and surgical wards of a general hospital located in the state of Rio de Janeiro with 45 accompanying family members of hospitalized elderly patients with the following inclusion criteria: accompanying family members of hospitalized elderly, of both sexes, over 18 years in physical and mental conditions to participate.

Data collection was developed through semi-structured interviews recorded in January 2012 and March 2013. After the full transcript and identification with fictitious names data were submitted to thematic analysis.[11]

This study is part of the Research Project entitled Integral Care for Elderly Health hospitalized in clinical and surgical units and their caregiver network: applicability of non-pharmacological practices, whose research protocol was approved by the Research Ethics Committee of the institution under CAAE number: 0407.0.258.000-11, as recommended by the National Council Resolution 466/12 of Health, the participants were informed about the research objectives, information collection techniques, the preservation of their identities with the use of fictitious names and the need to confirm the interest in participation in the study by signing the Informed Consent and Informed (IC).

RESULTS AND DISCUSSION

Knowing the familiar carer

As for the characterization of the 45 participants, 42 (93,3%) were female and 3 (6,6%) were male. All men accompanying monitoring performed only in surgical wards and medical male.

These data confirm that the female figure is still strongly linked to care, in order to provide monitoring, assistance and emotional support for the individual. These women are usually wives, mothers, daughters, aunts, daughters, sisters-girlfriends, among others, female figures representing for your family, one more possibility of affection, emotional support and family closeness.

In this context the female hegemony is linked historically to a relationship between care and the female figure. This fact reveals to the roots of nursing in a period in which the patient care was considered unique feature female. In Western society there is still a predominance of females in activities focused on human care; the woman is responsible for care to family members, healthy or not.[12]

The caretaker role reserved for the woman was marked with the sexual division of labor, because to survive, had to take care of children, the living and the dead. However women's work for a long time was limited household tasks; and consecutively also to family care.[13]

However, significant socio-economic changes are taking place interfering with the role of women in society, which is now also responsible for the sustenance of the family, requiring more time to their professional activities, delegate or share with her partner and other family members the care task and follow the family hospitalized.[13]

Among the study subjects, 21 (46,6%) were married, 20 (44,4%) were single and 4 (8,8%) widowed; the average age was 45,8 years old, noting that the lower age was 18 and most of 72 years old.

So the big demand of family is married adults who remain in the hospital, however the data revealed that both younger and older people themselves are taking accompanying family status, for lack of another person available to take on this role.

We know that staying in a hospital environment can generate a great physical and mental strain, however this fact more clearly in individuals with more advanced age than in young adults and, for the very physical condition and age restrictions may hinder the permanence at the hospital.

The fact that the elderly assume the role of caregivers refers to the conditions of the hospital structure associated with characteristics inherent to it. For it is generally quite hostile, stressful environment, exhausting and devoid of accommodations that promote comfort and well-being of considering the needs of the elderly.[13]

Of the 45 participants, 34 (75,5%) had children and 11 (24,4%) had no children. Among those who had children, the average number of children was 2.2. The presence of children indicates more responsibility in everyday life of family, indicating more difficult to exercise the role of family companion in hospitals, as it implies accumulating the activities inside and outside the hospital.

Among the accompanying family members, 25 (55,5%) had some type of employment contract, which further hindered their permanence in the hospital. In order to join the work-related activities, with the routine in the hospital, many used the days off and the time available between these two functions, featuring a routine reorganization to take the responsibility to follow the old family during hospitalization.

Thus, subject to take these two functions ended up having to take time off work, under license or even the abandonment of employment relations, with economic repercussions in the family structure and interference in the life of accompanying family itself.

The fact that these individuals are socially productive helps to generate a worrying aspect, which often causes stress to the caregiver because it interferes with work and may cause conflicts as to maintain employment because they must meet the requirements of the employer concomitant liability assume to be with their hospitalized family.[13]

Family members who did not have employment contracts had a greater willingness to work in hospitals and these individuals, mostly were retired and housewives, that by not having employment could accompany the elderly, after reorganization of the family routine.

Important to note that even though these individuals do not engage in some kind of activity employment, they still have daily activities that are stopped. Many are involved in activities related to the work of faith-based charity, housework, and care for other family members as children and grandchildren, and other activities that are interrupted and / or modified to follow the hospitalized family.

Accordingly, the change of routine is important event for all participants, though some claimed to reconcile this situation satisfactorily. However, these individuals end up

overloading, for now need to comply with a new routine, based on the activities of the work, dedication to family and hospitalized own family.

As for the link with the hospitalized elderly, 20 (44,4%) were children, 10 wives (22,2%), 08 sisters (17,8%), 02 grandchildren (4,4%) and the rest were aunt and sister, 1 (2,2%) each; 03 (6,7%) of these caregivers were friends without consanguineous ties, but felt part of the family, the friendship of time and the great emotional bond they had with the elderly.

Therefore, the presence of accompanying family member in the mother figure, wife and children can be a positive factor in the therapeutic action of patients, because this bond tends to provide security and maintain emotional stability.[13]

However, the presence of accompanying family for the care and recovery of the hospitalized elderly, should be evaluated, as this, would not always be accompanied by a family member; other times the family's presence can create anguish for the same, either by their health status result in suffering, or because the same distance from everyday activities generate financial and emotional threats to other family members.

Therefore, it is the family that usually takes responsibility for caring for the health of your loved, regardless of age and degree of care that this individual needs.

Regarding the place where they live, most of the participants live in São Gonçalo 14 (31,1%), 13 (29%) in Rio de Janeiro, 11 (24,4%) in Niteroi and 07 (15,5%) in other locations, such as Campos, Rio Bonito, Marica, Itaborai. This fact implies continuous shifts that generate physical wear and financial expenditures and affect the family budget.

However, the stay in hospital is strongly related to where these individuals reside, as many families end up being forced to stay longer at the facility and that distance makes it difficult to return to more frequent way home, due to costs tickets and food. This factor leads to the need for adaptations to avoid displacements that generate higher spending and long periods of stay in inpatient units, uncomfortably with physical repercussions.

Regarding the level of education, 23 (51,1%) of the subjects had the Complete High School, 01 (2,2%) High School Incomplete, 08 (27%) Incomplete Elementary School and 07 (15,5%) Complete Primary Education. Regarding the Higher Education 03 (6,7%) had completed undergraduate and 03 (6,7%) had higher education Incomplete.

It thus appears that most of the subjects had a satisfactory level of education; most could read and write, demonstrating that these individuals had a certain level of education.

Thus, conceives that they are able to contribute in solving problems that may arise and provide care, for example, pay attention to specific care related to the administration of diets, medications and other care after hospital discharge.

However, 08 respondents (27%) had incomplete primary education, featuring low education of a significant portion of the study participants, which may impair the guidelines for taking the continuity of elderly home care. Since it is extremely important that the companion wherewithal to understand and understand the guidelines provided by the nursing staff.

In this sense, once identified this low level of education, the nurse should guide the family about the care of the elderly, using an understandable language through teaching resources aimed at facilitating the process of teaching and learning, making the

accompanying family develop the desire to learn and perceive themselves as desiring subject of knowledge.[6]

During the hospitalization of a family member, many families were organized to be close to him as long as possible, providing the care they deemed necessary. Thus, these families tend to stay a long time in the hospital and, in this study, the follow-up period, realized an average of 12.5 hours per day, the minimum period was 3 hours, and the increased length of stay in hospital was 72 hours.

The follow-up period is an important factor, because the longer the family stays in the hospital, is more vulnerable to stressors arising from the routine of the hospital and the health status of the elderly, which involves seeing the procedures and treatment techniques of their family and other hospital wards.

Lengthy stays is often related to socioeconomic difficulties that permeate the reality of the family, or even the availability of time, for example, individuals who remain about 12 hours on a certain day of the week, because this time in the hospital comprises the his rest period at work or your only free time period, to follow up the family.

Given this reality, the accompanying family members, prepared a rotating basis, where possible, to make this monitoring efficiently. During hospitalization, the elderly, 40 (88,8%) of caregivers can take turns with other individuals, while 05 (11,1%) do not. This fact implies greater time spent taking the companion paper in continuous periods, causing increased physical and mental stress.

Among the accompanying family members who perform the relay, this occurs with other family members, and the members of the family group that contribute most in this function are the children. However, accompanying the percentage (11,1%) one cannot rotate predominantly spouses, most of the remaining time with the elderly during hospitalization.

These wives mostly accompany their spouses full-time, as they often are the only ones in the family circle with available time to perform this function. They claim that their children and grandchildren already have other activities and the possibility to stay in the hospital would be unduly burdensome and that the act of caring husband is an inherent responsibility to his wife condition.

Despite the difficulties, the family remains with the elderly most of the time, because regardless of the difficulties to be there, believe that being closer to his family, can take better care, providing security, warmth and comfort to it. The family wants to stay with the patient in the hospital, usually by insecurity, interest in the patient, sense of co-responsibility for his recovery, opportunity to learn, duty, respect, and simply to be with.[14]

Therefore, the family's stay escort elderly in hospitals implies the existence of a different space, the hostile, sometimes requiring a convivial which can cause pain and suffering, even exposing it to a routine health services, imposing rules and standards to be followed. All this can lead to a situation of continuous stress, which causes different reactions in this family.

(Re) actions of the familiar companion face to stress situation

The stress response is a result of interaction between the characteristics of the person and the demands of the medium, ie, the discrepancies between the external and internal environment and the individual's perception about their capacity.[15]

When asked if they used some form of relaxation strategy to mitigate the possible stress and anxiety 34 (75,5%) participants said they often use some artifice against these frames, while 11 (24,4%) reported not make use of any relaxation strategy. From this perspective, were raised 39 responses related to the strategies and forward reactions to this reality, which were grouped according to the similarity between them.

Among the subjects, 11 (28,2%) said they seek alternative options of leisure, 09 (23%) sought to alleviate anxiety in food and teas, 08 (20,5%) were based on religion, 05 (12,8%) were using drugs to relieve anxiety and insomnia, 03 (7,7%) sought physical activity and 03 (7,7%) claimed to have emotional reactions involving irritability, emotional liability, and mood changes.

From this perspective, there are several strategies that help in the control and reduction of stress. Among them, psychotherapy, body relaxation techniques and easing of tensions, the use of allopathic or homeopathic, the practice of physical activities, leisure and other activities, which offer a sense of wellbeing for individuals.[6]

Among the participants, 11 (28,2%) said that practices alternative leisure activities, such as tours, meetings with friends, relationships with other people, see new places, as a way to combat stressful situations. However, it should be noted that this option activity was most evident in the speech of younger subjects.

> *I usually go out with my daughter. I'm going to the Mall, restaurant, beach; in my opinion, this helps me a lot when I'm going through those moments. (Maria Cecília)*

However, other parties claimed that as a form of leisure, performed crafts such as embroidery, paintings, crafts, because the focus in these activities had just relaxing, reducing stress and anxiety.

> *The best thing for me when I feel nervous is do my embroidery that feels good. Can't turn off some of the problems of life. (Maria Lara)*

In this sense, leisure can be defined as an activity we do in the free time and also recreational activities in which we participate involving, above all, the need to be voluntary and significantly busy.[16]

Studies show that leisure strategies to minimize stress involve different activities included in different areas, such as walking, writing or reading books, chatting with friends/neighbors, elaborate crafts, do jobs in agriculture, going to the hairdresser, among others.[17]

Therefore, leisure activities end up acting as a buffer against stress or moderator helping to keep the individual's health status, contributing also as coping mechanisms that allow better deal with the triggers events of stress.[16]

Other activities related to practices and relaxation strategies were associated with some attitudes related to eating habits, as shown in the statements below:

> *Ah yes! When I pass by these moments of tension, always turn to my Chamomile tea, besides getting attached with God... Do these simple things, not do anything in particular not. (Maria Márcia)*

The change in eating habits included from the use of different types of tea, chamomile and lemon balm, as well as the intake of juices, such as passion fruit, which helped to the accompanying be used to settle down.

Authors state that the use of tea is beneficial for humans and that these drinks can be considered functional foods because it contains substances that act in the body by modulating biochemical functions and physiological, resulting in greater health protection, delaying the pathological processes.[18]

In this perspective the use of herbal medicines, for example, chamomile helps in reducing stress, because this herb has analgesic, anti-inflammatory, soothing, anxiolytic, healing, antispasmodic, disinfectant and emollient.[19]

However, other family members claimed that when they felt stressed or anxious, increased food consumption significantly, in an attempt to control anxiety and stress. These issues related to increased food consumption were observed only in the statements of female caregivers.

Another stress coping strategy was religion. The act of practicing any religious activity such as reading the Bible, praying, attending an institution and sing religious songs, were cited as ways to provide comfort for the moments of tension.

> *Usually when I'm with a stress a little high, I do my prayers, cling to God, read the Bible and pray the Rosary. Things like this help me a lot in these moments more difficult. (Maria Laura)*

The influence of religion on health and, in particular, mental health, is a phenomenon resulting from several factors. Among the possible ways in which religious involvement may influence health are factors such as lifestyle, social support, belief system, religious practices, and ways of expressing stress, direction and spiritual guidance. Thus, the higher levels of religious involvement are positively associated with psychological well-being indicators as life satisfaction, happiness, positive affect and morale, better physical and mental health. Soon the attachment to religion can provide well-being for individuals, easing the difficulties and moments of suffering.[20]

Another strategy used by accompanying family members, was the use of drugs, who reported use of sedatives or tranquilizers, as evidenced by the statements below:

> *I take medicine. End up using sedatives. All that can calm me down and make me have a good night's sleep. (Maria Claudia)*

Often the accompanying family member has just opting for the use of drugs, for failing to implement other activities that relieve the stressful moments, and the use of these drugs faster action to turn the situation around. From this perspective, one must pay attention to the indiscriminate use of drugs by self-medication, which has serious health risks. However, the ease of access to medicines ends up being an option used by the family that seeks to be

able to continue its activity to accompany the elderly in the hospital at the expense of their own health.

Regarding the problem of self-medication, study with students from a public university in Recife, pointed out that they used routinely, anxiolytics and antidepressants, claiming that the main motivation for their use would be the stress. Instead these students implement changes in your routine, such as leisure, physical activity and rest; resorted to use of the product being a measure more "quick and effective".[21]

Other studies show similar results, in which family and caregivers end up resorting frequently to the use of drugs "soothing" to "support" the situation.[17]

As for physical activity, 03 (7,7%) caregivers reported that formerly practiced activities like going to the gym, hiking and yoga classes, which made them lighter and willing. However, these practices were being reduced due to lack of availability of time as to follow up the elderly in the hospital had to make significant changes in your routine.

> *Generally, I try to do physical activity. Do my walks in the morning, and also follow up with the 3rd age group. I think that's what really aid me. (Maria Lucia)*

Regular aerobic exercise can reduce the levels of hormones increases the release of serotonin, which is a neurotransmitter that acts on the nervous system, regulating sleep, mood, appetite, body temperature, among other functions. Being serotonin closely linked to the feeling of well-being.[23] Thus, according to these authors, the exercise can be seen as a pleasant, inexpensive and beneficial process, which in addition to relieving stress, helps in promoting overall health of the individual.

The last strategy described by caregivers facing the stress was related to emotional reactions, where the family claimed that when faced with a stress above and anxiety, reacted emotively, with episodes of crying or outburst with others, as illustrated by the lines below:

> *When I'm nervous, usually I cry a lot. In doing so, gives me a great sense of relief. (Maria Rosa)*

Therefore, most caregivers of elderly presented strategies to face stressful situations, of knowingly or not, that influence the sense of wellbeing and or minimization of situations experienced as a companion of the hospitalized elderly.

Nurse intervention possibilities to familiar companion of elderly hospitalized

When thinking about interventions under gerontological actions, we cannot fail to consider the formation of a social support network, which covers the elderly, the family and the multidisciplinary team. From the effective formation of this social support network, we can contribute significantly to the health status of its members. The formation of this network is critical to meeting the basic needs of the elderly health, reflecting also on the quality of care to the elderly and their families.[22] From this perspective, first it is necessary to carry out interventions aimed at the implementation of continuing education for the staff of health services, aiming to promote better interaction of the multidisciplinary team, with the elderly and their families.

Another measure involves the development of a program of Family Care Companion, addressing inclusion strategies that family since the admission of the elderly in the hospital

until his high, using manual routines, educational booklets, and other resources to enable interaction health staff with the family of the elderly.

The actions and geriatric interventions also cover the implementation of educational projects undertaken with the accompanying family by guidance on care for the elderly and the need of this family also enhance the care of their own health. Authors corroborate stating that the elderly caregivers have difficulty understanding the disease and its complications, with often doubts at the time of delivering care, questioning whether they are doing the right thing. Thus, the lack of adequate information, can lead to risk the health of the individual who needs this care.[24]

Importantly, care management about the issues should be taken into account, since the accompanying family member, is also a focus of nursing care. In this sense, these interventions include the ethical aspects of the family, the health institution and the hospital infrastructure.

In an attempt to manage health care, it is necessary for nurses to have a full view of the difficulties that permeate the family stay in the hospital. These difficulties are related to the institution which does not always have adequate infrastructure for their stay, forcing him to enter into an exhausting routine and very different from their daily lives.

So, periodically hold meetings with the accompanying family and the healthcare team, draw a nursing follow-up plan with this family, implement and evaluate the monitoring, are some interventions that can help improve the accompanying family member of the conditions of stay in the institution of health during hospitalization reflecting on the quality of elderly care and caregiver quality of life.[25]

CONCLUSION

This study focused on the accompanying family member of the hospitalized elderly, considering that this situation has direct implications for the life of this family facing the challenge of having to rearrange his routine when he assumes this responsibility and at the same time, having to adapt to an environment strange that implies the need to be next to your elderly relative, closely following any treatment, including examinations and procedures during hospitalization. This situation is directly related to nursing care; it brings out the importance of considering this family as an element in the process of care, to assess their stress condition and in the process of hospitalization and high elderly.

It is therefore essential that nurses make possible support strategies to this family in order to prevent their illness in the face of stressful situations in the hospital setting, as well as developing educational programs that promote adaptation to hospital routine and work in the continuity of care of the elderly after the hospital, encouraging and providing conditions that recover and ensure the maintenance of their health from the encouragement and support self-care actions.

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